

This form may be completed online, printed and mailed to the address listed below.

ATTACHMENT A



STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986

**APPLICATION FOR LICENSURE
Board of Athletic Training**

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)									
1	Name	Last:	First:	Middle/Maiden:					
2	Mailing Address:	Street/PO/Route:							
		City:	State:	Zip:					
3	Home Phone (Optional)								
4	Social Security Number								
5	Date of Birth		6	Age:					
Attach proof of age of majority: i.e. verified copy of birth certificate or marriage certificate or driver's license. (Verified means sworn to by a notary public.)									
7	Place of Birth	City/County/State:							
8	MORAL CHARACTER								
	Have you ever been convicted of a felony or misdemeanor? (answer yes or no)								
	If YES, state what crime, date of conviction, name and location of court:								
	Crime	Date of Conviction			Name/Location of Court				
	If you answered YES to the above question, you must request the following documents be sent directly to this office:								
	<ul style="list-style-type: none"> • Official Court Record, which includes charges and disposition • If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required) • If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status • A letter from you explaining the circumstances surrounding the conviction(s) 								
9	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner? (answer yes or no)								
	If you answered YES to the above question, you must request the following documents be sent directly to this office:								
	<ul style="list-style-type: none"> • An official copy of the disciplinary action, including charges and disposition 								
10	Have you actively practiced in Nebraska as an Athletic Trainer prior to licensure? (answer yes or no)								
	If yes, how many days have you practiced in Nebraska as an Athletic Trainer:								

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Even	\$52	\$52	\$52	\$52	\$51	\$51	\$51	\$51	\$51	\$51	\$26	\$26
Odd	\$26	\$26	\$26	\$26	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

SECTION B – LICENSE APPLICATION CATEGORY (All applicants must complete this section)		
Are you applying for license based on your (select one): Education or License in Another Jurisdiction		
1	Have you taken the NATA Certification Examination? <i>(answer yes or no)</i>	
2	Will you be taking the NATA Certification Examination? <i>(answer yes or no)</i>	

SECTION C – EDUCATION (All applicants must complete this section; list all colleges from which you received degrees or required course work. If more space is needed, use an additional sheet. Those who are applying on the basis of education must submit or cause to be submitted an official transcript from the institution which conferred at least a four year degree.)

UNDERGRADUATE			
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	

SECTION D – STUDENT ATHLETIC TRAINING (All applicants applying on the basis of education with completion of two years of student athletic training must complete this section. Also, have Attachment A-3 completed by the licensed Athletic Trainer who was responsible for the student training.)

List below the student athletic training you claim as qualifying training.			
Dates	From (M/Y)	To (M/Y)	
Institution Name:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Name of Supervising Athletic Trainer:			
Brief Statement of Work:			
Dates	From (M/Y)	To (M/Y)	
Institution Name:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Name of Supervising Athletic Trainer:			
Brief Statement of Work:			

APPLICANTS MUST COMPLETE SECTION E IF APPLYING BY RECIPROCITY				
SECTION E – LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION – (If you hold a license to practice athletic training in another jurisdiction, complete this section and have the licensing agency complete the Certification of Applicant's License in Athletic Training – Attachment A-2.)				
Are you licensed or certified in another state? (<i>answer yes or no</i>)				
If yes, list state(s) and license number(s):				
State(s)		License Number(s)		
1	Name of Agency Issuing License:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
2	Date Issued			
3	Name of Written Examination:			
4A	Have you been actively engaged in the practice of athletic training under such license by examination or in an accepted residency or graduate program for one year of the three years immediately preceding the date of application for Nebraska License? (<i>answer yes or no</i>)			
4A1	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of athletic training. (Continue on additional sheet if space is inadequate.)			
	Facility	Address	Dates	
4A2	Give location, address, and dates actively engaged in practice of athletic training. (Continue on additional sheet if space is inadequate.)			
	Facility	Address	Dates	
4B	Have you been in active and continuous practice of athletic training under license by examination in the state, territory, or District of Columbia from which you come from for at least one year following the issuance of such license? (<i>answer yes or no</i>)			
4B1	Give location, address, and dates actively engaged in practice of athletic training. (Continue on additional sheet if space is inadequate.)			
	Facility	Address	Dates	
5	Have you requested to have certification of your athletic trainer license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant's License in Athletic Training? (Attachment A-2) (<i>answer yes or no</i>)			

SECTION F (All applicants must complete Section F)

I, _____, attest that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Applicant's Signature_____
Date

FORWARD THIS COMPLETED FORM TO:

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Credentialing Division
Athletic Training
PO Box 94986
Lincoln, NE 68509-4986

CERTIFICATION OF APPLICANT'S LICENSE IN ATHLETIC TRAINING

(Must be completed by licensing agency)

(Print or Type)

Our records indicate that _____ was licensed as an athletic trainer on _____, 20 ____.

Applicant's Name

The license was issued on the basis of written examination _____

(Name of Examination)

The applicant's score was _____. Requirements for licensure in _____

(issuing state)

at the time this license was issued were:

And are currently:

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license:

- a) ☐ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- b) ☐ has been disciplined.

Please explain any disciplinary action:

Date: _____

Name and Title: _____

(S E A L)

Licensing Agency: _____

Address: _____

City/State/Zip Code: _____

Signature (No Stamp): _____

Phone Number (Optional): _____

FORWARD THIS COMPLETED FORM TO:

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Credentialing Division
Athletic Training
PO Box 94986
Lincoln, NE 68509-4986

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 CREDENTIALING DIVISION
 P.O. Box 94986
 Lincoln, NE 68509-4986

VERIFICATION OF STUDENT ATHLETIC TRAINING

Instructions: This form must be completed by the supervising athletic trainer. Please print or type. If student athletic trainer worked for more than one supervising athletic trainer, make a copy of this form and have each complete a separate form.

I hereby certify that _____ worked under my
 (Name of Student Athletic Trainer)

supervision as a student athletic trainer from _____ to _____
 (Month/Year) (Month/Year)

at: _____
 Location Name

 Address

 City State Zip

Check type of facility

Educational Institution: ☐
 Professional Athletic Organization: ☐
 Amateur Athletic Organization: ☐

1. Supervising Athletic Trainer Name: _____
 Address: _____

2. Are you currently licensed as an Athletic Trainer in Nebraska? ☐ Yes ☐ No

3. Were you licensed as an Athletic Trainer in Nebraska at the time of supervision of the student athletic trainer? ☐ Yes ☐ No

4. A. Have you passed an athletic trainer examination? ☐ Yes ☐ No

B. What was the name of the examination? _____

C. When was the examination taken? _____

5. Were you present at the site where the student athletic trainer was performing athletic training activities? ☐ Yes ☐ No

6. Did you complete regular evaluations of the student athletic trainer's performance? ☐ Yes ☐ No

I, _____, attest that I was the supervising athletic
(Name of Supervising Trainer)
trainer of record for _____ and that the statements herein
(Applicant's Name)
are true.

Supervising Trainer's Signature

Date

FORWARD THIS COMPLETED FORM TO:

NEBRASKA DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Credentialing Division
Attention: Athletic Training
PO Box 94986
Lincoln, NE 68509-4986